

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF TRANSMISSION

APPLICANT : O'Brien et al
SERIAL NO. : 09/656,255
FILED : September 6, 2000
TITLE : Dental Prosthesis Manufacturing Process, Dental
Prosthesis Pattern & Dental Prosthesis Made Thereby
TECH CENTER : 2125
EXAMINER : Kidest Bahta
DOCKET NO. : 9234
CUSTOMER NO. : 021905

RECEIVED
CENTRAL FAX CENTER
FEB 09 2005

I hereby certify that this correspondence is being facsimile transmitted, under 37 CFR, Section 1.8, to the Commissioner of Patents P. O. Box 1450, Alexandria, VA 22313-1450

ON: Feb 9, 2005

(Date)

BY: [Signature]

(Signature) John J. Connors

02/17/2005 CBARNES 00000001 032830

09656255

CONNORS & ASSOCIATES
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NEWPORT BEACH, CA 92660
949-833-3622
FAX 949-833-0885

01 FC:1253 1020.00 DA

Fax No. 703-746-7239

Attention Of: Kidest Bahta

Re:

MESSAGE

As we discussed today I am refaxing the reply to the office August 23, 2004, which you again confirmed today was a non-final action. You apparently have not as yet received this reply because I inadvertently made a typographical error in the serial number. I have also hand written the correct serial number on the reply which was first faxed to you on December 20, 2004.

Number of pages

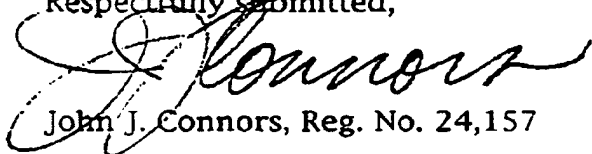
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THIS MESSAGE CONTAINS PRIVILEGED AND CONFIDENTIAL INFORMATION AND SHOULD NOT BE DISCLOSED EXCEPT WITH PRIOR APPROVAL. IF YOU RECEIVE THIS COMMUNICATION IN ERROR, PLEASE NOTIFY IMMEDIATELY AND DESTROY MESSAGE AND ANY COPIES. THANK YOU.

EXTRA FEE

The fee for a 1 month extension and any other additional fees should be charged to Applicant's attorney deposit account as indicated below.

Respectfully submitted,



John J. Connors, Reg. No. 24,157

CONNORS & ASSOCIATES, INC.
1600 Dove Street, Suite 220
Newport Beach, CA 92660

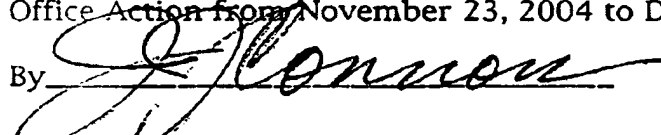
PHONE 949-833-3622

FAX 949-833-0885

REQUEST FOR EXTENSION OF TIME

Applicant respectfully request an extension of time to reply to the last Office Action from November 23, 2004 to December 23, 2004

By



AUTHORIZATION TO CHARGE/CREDIT DEPOSIT ACCOUNT

The commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 03-2830.

By

